

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	148-19
First Named Inventor	ROSS VAUGHAN
<b>COMPLETE IF KNOWN</b>	
Application Number	10 / 604,255
Filing Date	June 26, 2003
Group Art Unit	3636
Examiner Name	Unknown

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LIFTING DEVICE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 06/26/2003

as United States Application Number or PCT International

Application Number 10/607.255 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0214980.5	GB	06/27/2002	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.


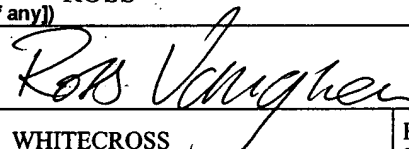
Please type a plus sign (+) inside this box → ☐

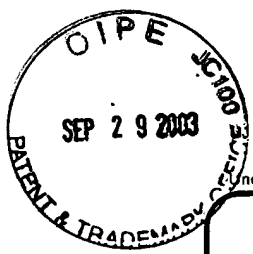
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		24336		OR <input type="checkbox"/> Correspondence address below	
Name Keusey, Tutunjian & Bitetto, P.C.					
Address			24336 PATENT TRADEMARK OFFICE		
Address					
City		State		ZIP	
Country		Telephone		Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) ROSS			Family Name or Surname VAUGHAN		
Inventor's Signature 			Date 7-7-03		
Residence: City WHITECROSS		HEREFORD State		Country GB	
Mailing Address 21 RANELAGH STREET					
Mailing Address					
City WHITECROSS		State HEREFORD		ZIP HR4 0DT	
Country GB					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State		Country	
Citizenship					
Mailing Address					
Mailing Address					
City		State		ZIP	
Country					
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



Please type a plus sign (+) inside this box —→ +

PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/607,255
Filing Date	June 26, 2003
First Named Inventor	ROSS VAUGHAN
Title	LIFTING DEVICE
Group Art Unit	3636
Examiner Name	
Attorney Docket Number	148-19

I hereby appoint:

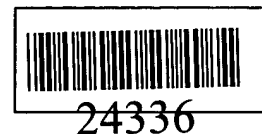
☒ Practitioners at Customer Number

24336

OR

☐ Practitioner(s) named below:

Name	Registration Number



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☐ Firm or  
Individual Name

KEUSEY, TUTUNJIAN & BITETTO, P. C.

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

ROSS VAUGHAN

Signature

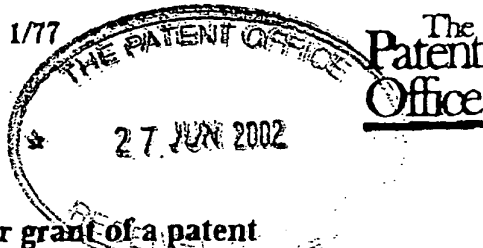
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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Patents Form 1/77

Patents Act 1977  
(Rule 16)The  
Patent  
Office28JUN02 E729514-1 D00180  
P01/7700 0.00-0214980.5**Request for grant of a patent**

(See the notes on the back of this form. You can also get an explanatory leaflet from the Patent Office to help you fill in this form)

The Patent Office

Cardiff Road  
Newport  
South Wales  
NP9 1RH

1. Your reference

NG/20752

2. Patent application number

(The Patent Office will fill in this part)

27 JUN 2002

0214980.5

3. Full name, address and postcode of the or of each applicant (underline all surnames)

Ross VAUGHAN  
21 Ranelagh Street  
Whitecross  
Hereford  
HR4 0DT

08413502001

Patents ADP number (if you know it)

If the applicant is a corporate body, give the country/state of its incorporation

4. Title of the invention

LIFTING DEVICE

5. Name of your agent (if you have one)

A A THORNTON &amp; CO

"Address for service" in the United Kingdom  
to which all correspondence should be sent  
(including the postcode)235 HIGH HOLBORN  
LONDON WC1V 7LE

75001

Patents ADP number (if you know it)

6. If you are declaring priority from one or more earlier patent applications, give the country and the date of filing of the or of each of these earlier applications and (if you know it) the or each application number

Country

Priority application number  
(if you know it)Date of filing  
(day / month / year)

7. If this application is divided or otherwise derived from an earlier UK application, give the number and the filing date of the earlier application

Number of earlier application

Date of filing  
(day / month / year)

8. Is a statement of inventorship and of right to grant of a patent required in support of this request? (Answer 'Yes' if:

NO

- a) any applicant named in part 3 is not an inventor, or
  - b) there is an inventor who is not named as an applicant, or
  - c) any named applicant is a corporate body.
- See note (a))